

**REQUEST FOR ADVANCED SICK LEAVE FOR H1N1  
(ALL PAID LEAVE MUST BE EXHAUSTED BEFORE ADVANCED  
SICK LEAVE WILL BE GRANTED)**

**AGENCY:** \_\_\_\_\_ **AGENCY CODE:** \_\_\_\_\_

**EMPLOYEE:** \_\_\_\_\_ **S.S.#:** \_\_\_\_\_

**NUMBER OF HOURS BEING REQUESTED:** \_\_\_\_\_

\_\_\_\_\_ Leave requested for self

\_\_\_\_\_ Leave requested for spouse

\_\_\_\_\_ Leave requested for child (including foster and stepchildren as well as grandchildren of the employee or spouse)

\_\_\_\_\_ Leave requested for parents (including stepparents, foster, of the employee or spouse, or others who took the place of parents; legal guardians of the employee or spouse, or grandparents of the employee or spouse).

\_\_\_\_\_ Leave requested for brothers or sisters of the employee or spouse.

\_\_\_\_\_ Leave requested for other relatives living as members of the employee's household.

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**PART II. EMPLOYEE AGREEMENT FOR REPAYMENT**

I hereby acknowledge and agree that any sick leave advanced to me is a debt owed to the State of Maryland and must be repaid. I further acknowledge and agree that this debt shall be repaid by 50% of my future sick leave earnings when I return to work until the debt is repaid. At my discretion I may elect to apply additional accrued annual or personal leave to the amount to be repaid, or elect to make repayment in cash at a repayment rate of 100%. I further understand that if I am granted advanced sick leave and my employment terminates before the debt is repaid it is my responsibility to make arrangements for repayment.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**PART III. AGENCY APPROVAL**

**Appointing Authority's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_